

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1			1		
4						
5	1	1	1	1		
6		1		1		
7	1			1		
8						
9	8			1		
10	1			1		
11	1			1		
12	1			1		
13	1		1			
14		1		1		
15	2			1		
16	1			1		
17	1			1		
18	1			1		
19	2			1		
20	1			1		
21	1		1			
22	1		1			
23	1		1			
24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1			1		
29	8			1		
30	1			1		
31	8			1		
32	8			1		
33				1		
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35				1		
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48						
49						
50						
TOTAL IND.			7			
TOTAL DEP.		33				
TOTAL CLAIMS		40				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		33		↓		
TOTAL CLAIMS		40		↓		